Date:	/ .	/

## Tax Return Check List – Electronic Filing (Print answers to all questions)

Tax Nar	payer ne:	Taxpayer Date of Birth:/	Taxpayer Daytime Phone:		
	Check if taxpayer can be claimed on another's return				
	oloyee name submitting return ifferent from taxpayer):		Employee Daytime Phone:		
	Spouse's date of birth (if applicable)				
	Dependent children's name, SSN, and da NAME	ite of birth (if applicable) SSN	Date of Birth		
		(_)(_)(_)-(_)(_)-(_)(_	_)()()		
		(_)(_)(_)—(_)(_)—(_)(_	_)()()		
		(_)(_)(_)-(_)(_)-(_)(_	_)()()		
	Check if dependant can be claimed on the	eir own return, if filed			
	Federal Return signed (2 signatures if required)				
	State Return signed (2 signatures if required)				
	Federal W-2				
	State copy of W-2 showing state withholding				
	Tax information in whole dollar amounts of	or permission to round +	(Initial here)		
	The tax filing software is more precise than the chart in the tax packet.  This difference might cause your Kentucky refund to change by no more than \$3.00 ←(Initial here)				
	Name and Social Security Numbers legib	le			
	8453 Federal form and 8453-K Kentucky  ☐ Signed (2 signatures if joint return)  ☐ Direct deposit information complete  ☐ Social Security number(s) match pa	if applicable per tax returns			
	Attach original and copy of signed Federa	al Form 8453			
	If return signed under power of attorney.	attach copy of power of attorney			

(Lack of information will delay processing)